



FILED

CANDIDATE COMMITTEE  
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FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

08 24 04 to 10 22 04  
Mo Day Year Mo Day Year

1. Committee I.D. Number <b>00136774</b>		4. Candidate Last Name <b>KRULL</b>		First Name <b>STEPHEN</b>		M.I. <b>M.</b>	
2. Committee Name <b>CITIZENS TO ELECT STEPHEN M. KRULL</b>		4a. Office Sought Including District # or Community Served (If applicable) <b>CHESTERFIELD TOWNSHIP SUPERVISOR</b>		4b. County of Residence <b>MACOMB</b>			
5. Committee's Mailing Address <b>52924 BURGESS DRIVE CHESTERFIELD TOWNSHIP, MI 48047</b> Area Code and Phone <b>(586) 598-5863</b> <small>If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</small>		6. Treasurer's Name & Residential Address <b>SAME AS ABOVE</b> Area Code & Phone ( )					
7. Treasurer's Business Address <b>SAME AS ABOVE</b> Area Code and Phone ( )		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) <b>N/A</b> Area Code and Phone ( )					
9. TYPE OF STATEMENT  9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election  Pre-Election or Post-Election Statement relates to:  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> School <input type="checkbox"/> Special <input type="checkbox"/> Caucus  Date of Election, Convention or Caucus <b>11 02 04</b> Month Day Year				9c. <input type="checkbox"/> Annual Statement ( Coverage Year)  9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)  9e. <input type="checkbox"/> Dissolution of Candidate Committee  Effective Date of Dissolution  Month Day Year  By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.			
<small>A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.</small>							
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.							
Current Treasurer or Designated Record keeper <b>STEPHEN M. KRULL</b> Type or Print Name				Signature		Date <b>10 21 04</b> Mo Day Year	
Candidate <b>STEPHEN M. KRULL</b> Type or Print Name				Signature		Date <b>10 21 04</b> Mo Day Year	



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number \_\_\_\_\_  
2. Committee Name 00136774 50  
CITIZENS TO ELECT STEPHEN M. KRULL

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>3300.<sup>00</sup></u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>3300.<sup>00</sup></u>	(18.) \$ <u>4983.30</u>
<b>4. Other Receipts (Schedule 1A -1, Column 6)</b>			
	(4.) \$	<u>-</u>	(19.) \$ <u>-</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)			
	(5.) \$	<u>3300.<sup>00</sup></u>	(20.) \$ <u>4983.30</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>			
<b>6. In-Kind Contributions (Schedule 1-IK, Column 7)</b>			
	(6.) \$	<u>750.<sup>00</sup></u>	(21.) \$ <u>1050.00</u>
<b>7. In-Kind Expenditures (Schedule 1B-IK, Column 6)</b>			
	(7.) \$	<u>-</u>	(22.) \$ <u>-</u>
<b>EXPENDITURES</b>			
<b>8. Expenditures</b>			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>2563.<sup>73</sup></u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>-</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>-</u>	
<b>9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)</b>			
	(9.) \$	<u>2563.<sup>73</sup></u>	(23.) \$ <u>4042.47</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)			
<b>10. Disbursements</b>			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>-</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>-</u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)			
	(11.) \$	<u>-</u>	(24.) \$ <u>-</u>
<b>DEBTS AND OBLIGATIONS</b>			
<b>12. Debts and Obligations</b>			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>745.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>-</u>	
<b>BALANCE STATEMENT</b>			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>222.32</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>3300.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>3522.32</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>2563.73</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>958.59.</u>	



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 00136774 50  
2. Committee Name CITIZENS TO ELECT STEPHEN M. KRULL

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08-25-04</u> Name: <u>ROBERT MARTIN</u> Address: <u>48700 SUGARBUSH</u> <u>CHESTERFIELD TWP. 48047</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		40. <sup>00</sup>	40. <sup>00</sup>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08-26-04</u> Name: <u>ANITA SAROLI</u> Address: <u>47133 MALBURY WAY</u> <u>HACOMB TWP., MI 48044</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		200. <sup>00</sup>	200. <sup>00</sup>
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09-07-04</u> Name: <u>HACOMB COUNTY REPUBLICANS</u> Address: <u>48129 VAN DYKE</u> <u>SHELBY TWP., MI 48317</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		500. <sup>00</sup>	500. <sup>00</sup>
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09-08-04</u> Name: <u>JAMES CARABELLI</u> Address: <u>54077 MOUND ROAD</u> <u>SHELBY TWP., MI 48316</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>AUTOMOTIVE DESIGNER</u> Employer <u>GENERAL MOTORS</u> Business Address <u>WARREN, MI</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		100. <sup>00</sup>	100. <sup>00</sup>
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		840. <sup>00</sup>	

Enter this total on  
line 3 of Summary  
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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 00136774 50

2. Committee Name CITIZENS TO ELECT STEPHEN M. KRULL

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09-08-04</u> Name: <u>KATHLEEN KRULL</u> Address: <u>29330 MALVINA</u> <u>WARREN, MI 48093</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>TEACHER</u> Employer <u>CHIPPAWA VALLEY</u> Business Address <u>MACOMB TOWNSHIP, MI</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		50.00	200.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09-08-04</u> Name: <u>MICHELE KRULL</u> Address: <u>28038 LORRAINE</u> <u>WARREN, MI 48093</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>NURSE</u> Employer <u>WM. BEAUMONT</u> Business Address <u>ROYAL OAK, MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		50.00	250.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09-30-04</u> Name: <u>NANCY BURKE</u> Address: <u>48626 WHEATFIELD</u> <u>CHESTERFIELD TWP., MI 48051</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		17.00	17.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09-30-04</u> Name: <u>STEPHANIE OKRANSKE</u> Address: <u>49606 DOVER CT.</u> <u>CHESTERFIELD TWP., MI 48047</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		25.00	25.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		142.00	

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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 00136774 50

2. Committee Name CITIZENS TO ELECT STEPHEN M. KRULL

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09-30-04</u> Name: <u>JUDY BULLIS</u> Address: <u>23730 N. KEYSTONE WAY</u> <u>CLINTON TWP., MI 48056</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		35.00	35.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09-30-04</u> Name: <u>BERNARD STRACH</u> Address: <u>48496 JUSWOOD LN.</u> <u>CHESTERFIELD TWP., MI 48051</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		500.00	500.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09-30-04</u> Name: <u>MARY LESTERSON</u> Address: <u>926A DIXIE HWY.</u> <u>TEA TWP., MI 48023</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		44.00	44.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09-30-04</u> Name: <u>EDNA SHAW</u> Address: <u>29595 HICKEY</u> <u>CHESTERFIELD TWP., MI 48051</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	20.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		599.00	

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MICHIGAN DEPARTMENT OF STATE  
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ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 00136774 50  
2. Committee Name CITIZENS TO ELECT STEPHEN M. KRULL

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09-30-04</u> Name: <u>ANN SZOSTAK</u> Address: <u>11123 MAURICE</u> <u>IRMA TWP, MI 48023</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	18.00	18.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09-30-04</u> Name: <u>STEVEN ROBBINS</u> Address: <u>21310 IRWIN RD.</u> <u>ARMADA, MI 48005</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	100.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09-30-04</u> Name: <u>NANCY OREWYLER</u> Address: <u>50065 JEFFERSON</u> <u>CHESTERFIELD TWP, MI 48047</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	24.00	24.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09-30-04</u> Name: <u>JOEL JONES</u> Address: <u>26401 BIRCHCREST</u> <u>CHESTERFIELD TWP, MI 48051</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	50.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	192.00	

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MICHIGAN DEPARTMENT OF STATE  
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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 00136774 50  
2. Committee Name CITIZENS TO ELECT STEPHEN M. KRULL

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09-30-04</u> Name: <u>HEIDI DUDLETS</u> Address: <u>7838 INGLEWOOD</u> <u>ALCON AC, MI 48001</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		50.00	50.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09-30-04</u> Name: <u>HUBERT HEMMEL</u> Address: <u>53770 HUSS LANE</u> <u>CHESTERFIELD TWP, MI 48051</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		50.00	50.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09-30-04</u> Name: <u>JASON NAZARKO</u> Address: <u>51460 IRONQUOISTEAD</u> <u>HACOMB TWP, MI 48042</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>WELDER</u> Employer <u>Beico Welding</u> Business Address <u>CHESTERFIELD RD, CHESTERFIELD TWP, MI 48051</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		150.00	150.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09-30-04</u> Name: <u>MATT SCHWEITZER</u> Address: <u>52835 HUIKFIELD</u> <u>CHESTERFIELD TWP, MI 48051</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		50.00	50.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		300.00	

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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 00136774 50

2. Committee Name CITIZENS TO ELECT STEPHEN M. KRULL

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09-30-04</u> Name: <u>ROSEANN CHINOSKI</u> <u>30951 HICKEY</u> Address: <u>CHESTERFIELD TWP, MI 48051</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	25.00	25.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09-30-04</u> Name: <u>KENNETH KEAFTER</u> <u>53243 RIMPERNIL LANE</u> Address: <u>CHESTERFIELD TWP, MI 48051</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	52.00	52.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09-30-04</u> Name: <u>PAM HARRIS</u> <u>53051 RIVERCREEK DR.</u> Address: <u>CHESTERFIELD TWP, MI 48047</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	50.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09-30-04</u> Name: <u>DONNA PRETZER</u> <u>39884 SCHROEDER</u> Address: <u>CLINTON TWP, MI 48038</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	22.00	22.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	149.00	

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MICHIGAN DEPARTMENT OF STATE  
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ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 00136774 50

2. Committee Name

CITIZENS TO ELECT STEPHEN M. KRULL

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09-30-04</u> Name: <u>STANLEY BISHOP</u> <u>46347 COMMUNITY CRT. DRIVE</u> Address: <u>CHESTERFIELD TWP., MI 48047</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		15.00	15.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09-30-04</u> Name: <u>DOUGLAS DOLINAR</u> <u>52354 D.W. SEATON</u> Address: <u>CHESTERFIELD TWP., MI 48047</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		21.00	21.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09-30-04</u> Name: <u>IRIS McLAUGHLIN</u> <u>28948 BESTE ST.</u> Address: <u>ST. CLAIR SHORES, MI 48081</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		52.00	52.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09-30-04</u> Name: <u>MAEFISA AMATO</u> <u>7010 BLOSSOM HEATH BLVD.</u> Address: <u>ST. CLAIR SHORES, MI 48080</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		20.00	20.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		108.00	

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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 00136774 50

2. Committee Name CITIZENS TO ELECT STEPHEN M. KRULL

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09-30-04</u> Name: <u>NICK MENZO</u> Address: <u>2127 HOLLYWOOD</u> <u>GRAND RAPIDS, MI 49506</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		40.00	40.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09-30-04</u> Name: <u>LOUIS BARRIE</u> Address: <u>24552 COLIN KELLEY</u> <u>CENTERLINE, MI 48015</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		60.00	60.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09-30-04</u> Name: <u>DIANA CUSIC</u> Address: <u>21706 VIGNAW</u> <u>ST. CLAIR SHORES, MI 48081</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		45.00	45.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09-30-04</u> Name: <u>MARK JONES</u> Address: <u>26401 BIRCHCREST</u> <u>CHESTERFIELD TWP, MI 48051</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	20.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		165.00	

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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 00136774 50

2. Committee Name CITIZENS TO ELECT STEPHEN M. KRULL

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt 09-30-04 Name: TRACY SWANGER 34244 LAKEWOOD Address: CHESTERFIELD TWP, MI 48047 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	30.00	30.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt 09-30-04 Name: JAMES KLONOWSKI 55875 BURDON Address: CHESTERFIELD TWP, MI 48047 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	100.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt 09-30-04 Name: KIRK DYER 2076 REGAN Address: ROCHESTER HILLS, MI 48309 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	45.00	45.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt 09-30-04 Name: LYNN LAMONT 52354 D.W. SEATON Address: CHESTERFIELD TWP, MI 48047 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	21.00	21.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	196.00	

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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number **00136774 50**

2. Committee Name **CITIZENS TO ELECT STEPHEN M. KRULL**

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09-30-04</u> Name: <u>DENNIS PAWLOWSKI</u> <u>50375 MAURICE</u> Address: <u>CHESTERFIELD TWP, MI 48047</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		40.00	40.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09-30-04</u> Name: <u>CHERYL PRINTZ</u> <u>49018 PINEGLEN</u> Address: <u>CHESTERFIELD TWP, MI 48051</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		24.00	24.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09-30-04</u> Name: <u>TONY KRULL, JR.</u> <u>37701 MAAS</u> Address: <u>STERLING HEIGHTS, MI 48312</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20.00	20.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09-30-04</u> Name: <u>BETTY PUFFER</u> <u>31577 RIVERBEND</u> Address: <u>CHESTERFIELD TWP, MI 48047</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		25.00	25.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		109.00	

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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 00136774 50

2. Committee Name CITIZENS TO ELECT STEPHEN M. KRULL

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09-30-04</u></p> <p>Name: <u>SUE OSBORN</u></p> <p>Address: <u>50565 BELLPORT CT.</u> <u>CHESTERFIELD TWP, MI 48047</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		40.00	40.00
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09-30-04</u></p> <p>Name: <u>ELFRIEDA DOLINAR</u></p> <p>Address: <u>26172 ANNAGROVELN.</u> <u>CHESTERFIELD TWP, MI 48051</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		15.00	15.00
<p>3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09-30-04</u></p> <p>Name: <u>GINA SZYM CZAK</u></p> <p>Address: <u>48844 SUGARBUSH</u> <u>CHESTERFIELD TWP, MI 48047</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		15.00	15.00
<p>3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09-30-04</u></p> <p>Name: <u>LARRY ASHWORTH</u></p> <p>Address: <u>31621 RIVERBEND</u> <u>CHESTERFIELD TWP, MI 48047</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		30.00	30.00
<p>Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)</p>		100.00	

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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 00136774 50

2. Committee Name

CITIZENS TO ELECT STEPHEN M. KRULL

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-10-04</u></p> <p>Name: <u>KIM LAGERQUIST</u></p> <p>Address: <u>26324 FAIRWOOD DR.</u> <u>CHESTERFIELD TWP, MI 48051</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>ADMINISTRATOR</u> Employer <u>ST. JAMES NORTHSHORE HOSPITAL</u></p> <p>Business Address <u>HARRISON TOWNSHIP, MI</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		<u>400.<sup>00</sup></u>	<u>400.<sup>00</sup></u>
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>			
<p>3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>			
<p>3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>			
Page Subtotal		<u>400.<sup>00</sup></u>	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		<u>3300.<sup>00</sup></u>	

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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**ITEMIZED IN-KIND CONTRIBUTIONS**  
**SCHEDULE 1-IK**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number 00136774 50

2. Committee Name

CITIZENS TO ELECT STEPHEN M. KRULL

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name <u>MICHELE KRULL</u> <u>28038 LOREANE</u> Address: <u>WARREN, MI 48093</u>  If over \$100.00 cumulative, please provide: Occupation: <u>REGISTERED NURSE</u> Employer: <u>WM. BEAUMONT HOSPITAL</u> Business Address: <u>13 MILE ROAD</u> <u>ROYAL OAK, MI</u>  <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>FOOD FOR FUND RAISER</u> 5. Date Of Receipt: <u>09-30-04</u> 6. Vendor Name & Address: _____	200. <sup>00</sup>	250. <sup>00</sup>
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name <u>KATHY KRULL</u> <u>29530 MALWINA</u> Address: <u>WARREN, MI 48093</u>  If over \$100.00 cumulative, please provide: Occupation: <u>SPEECH LANGUAGE PATHOLOGIST</u> Employer: <u>CHIPPewa VALLEY SCHOOLS</u> Business Address: <u>HYDENECH</u> <u>MACOMB TWP, MI</u>  <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>FOOD FOR FUND RAISER</u> 5. Date Of Receipt: <u>09-30-04</u> 6. Vendor Name & Address: _____	150. <sup>00</sup>	200. <sup>00</sup>
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name <u>GERNA KRULL</u> <u>8212 EDWARD</u> Address: <u>CENTERLINE, MI 48015</u>  If over \$100.00 cumulative, please provide: Occupation: <u>RETIRED REGISTERED NURSE</u> Employer: _____ Business Address: _____  <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>FOOD FOR FUND RAISER</u> 5. Date Of Receipt: <u>09-30-04</u> 6. Vendor Name & Address: _____	100. <sup>00</sup>	400. <sup>00</sup>

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450.<sup>00</sup>

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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS  
SCHEDULE 1-IK  
CANDIDATE COMMITTEE

1. Committee I. D. Number 00136774 50  
2. Committee Name CITIZENS TO ELECT STEPHEN M. KRULL

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name <u>TANYA KOTWICKA</u> Address <u>3632 ALGERDALE</u> <u>STERLING HILLS, MI 48310</u>  If over \$100.00 cumulative, please provide: Occupation: <u>MANAGER</u> Employer: <u>PER'S TECHNOLOGY</u> Business Address: <u>GARFIELD</u> <u>CLINTON TWP, MI</u>  <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>FOOD FOR FUND RAISER</u> 5. Date Of Receipt: <u>09-30-04</u> 6. Vendor Name & Address: _____	175. <sup>00</sup>	175. <sup>00</sup>
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name <u>JOYCE KRULL</u> Address <u>52924 BURGESS DR.</u> <u>CHESTERFIELD TWP, MI 48047</u>  If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Business Address: _____  <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>FOOD FOR FUND RAISER</u> 5. Date Of Receipt: <u>09-30-04</u> 6. Vendor Name & Address: _____	125. <sup>00</sup>	125. <sup>00</sup>
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name _____ Address: _____  If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Business Address: _____  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address: _____		

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Grand Total of all Schedules 1-IK  
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300.<sup>00</sup>

750.<sup>00</sup>

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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 00136774 50  
2. Committee Name CITIZENS TO ELECT STEPHEN M. KRULL

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>LYNN SCULLY</u> Address <u>910 GIBERNAULT TRADE CENTER</u> <u>MT. CLEMENS, MI</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>AIRBRUSHING ON</u> <u>CAMPAIGN SHIRTS</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/24/04</u>	<u>45.00</u>
Expenditure #2 Name <u>LOWE'S</u> Address <u>PO BOX 105980</u> <u>ATLANTA, GA 30353-5980</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>PLYWOOD, GLUE, POSTS</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/24/04</u>	<u>225.93</u>
Expenditure #3 Name <u>CHRISTIAN FINANCIAL C.U.</u> Address <u>18441 UTICA ROAD</u> <u>ROSEVILLE, MI 48066</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>MONTHLY SVC. CHG.</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/31/04</u>	<u>4.50</u>
Expenditure #4 Name <u>L &amp; L EMBROIDERY</u> Address <u>MAIN STREET</u> <u>RICHMOND, MI</u>  <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN HATS &amp; CAPS</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/14/04</u>	<u>279.84</u>
Expenditure #5 Name <u>STAPLES</u> Address <u>51382 GRATIOT</u> <u>CHESTERFIELD TWP, MI 48051</u>  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>PAPER / INKJET CARTRIDGES</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/14/04</u>	<u>173.97</u>
Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule)			<u>729.24</u>

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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

1. Committee I. D. Number 00136774 50  
2. Committee Name CITIZENS TO ELECT STEPHEN M. KRULL

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>K-MART</u> Address <u>50700 GRATIOT AVE</u> <u>CHESTERFIELD TWP., MI 48051</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>WIRE TIES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/19/04</u>	<u>17.97</u>
Expenditure #2 Name <u>U.S. POSTAL SERVICE</u> Address <u>23 MILE ROAD</u> <u>NEW BALTIMORE, MI 48047</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>STAMPS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/20/04</u>	<u>111.00</u>
Expenditure #3 Name <u>STAPLES</u> Address <u>51382 GRATIOT</u> <u>CHESTERFIELD TWP., MI 48051</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>COPY PAPER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/21/04</u>	<u>31.80</u>
Expenditure #4 Name <u>PAPER PARTY PLACE</u> Address <u>775 E. 14 MILE ROAD</u> <u>CLAWSON, MI 48017</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>SUPPLIES FOR FUND RAISER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/28/04</u>	<u>179.19</u>
Expenditure #5 Name <u>SPEEDWAY</u> Address <u>23 MILE ROAD</u> <u>CHESTERFIELD TWP., MI 48047</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>POP FOR FUND RAISER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/29/04</u>	<u>77.12</u>
Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule)			<u>417.08</u>

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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 00136774 50

2. Committee Name CITIZENS TO ELECT STEPHEN M. KRULL

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>CHRISTIAN FINANCIAL C.U.</u> Address <u>18441 UTICA ROAD</u> <u>ROSEVILLE, MI 48066</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>SVC CHG + NEW CHECKS</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/30/04</u>	<u>16.<sup>15</sup></u>
Expenditure #2 Name <u>HOME DEPOT</u> Address <u>51315 GRATIOT</u> <u>CHESTERFIELD TWP, MI 48051</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LOWE FOR SIGNS</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/9/04</u>	<u>17.<sup>96</sup></u>
Expenditure #3 Name <u>TANYA KOTWICA</u> Address <u>3632 ALDERDALE</u> <u>STERLING HGTs, MI 48010</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>REPAYMENT OF LOAN</u>  <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/14/04</u>	<u>733.<sup>30</sup></u>
Expenditure #4 Name <u>JOYCE KRULL</u> Address <u>52924 BURGESS DE</u> <u>CHESTERFIELD TWP, MI 48047</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>REPAYMENT OF LOAN</u>  <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/15/04</u>	<u>650.<sup>00</sup></u>
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		

Subtotal this page  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

1417.41

2563.73

Enter this total  
on line 8a of  
Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 00136774 50  
2. Committee Name CITIZENS TO ELECT STEPHEN M. KRULL

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)  <input type="checkbox"/> FORGIVEN
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>Joyce B. Krull</u> <u>52924 Burgess Dr.</u> <u>Chesterfield Twp, MI 48047</u>	4. Type: <u>Loan From Indiv.</u> 5. Date Debt Was Incurred: <u>01/01/00 + 11/03/00</u> 6. Original Amount of Debt: <u>615.00 + 100.00</u> <u>\$ 745.00</u>	<u>1 / 1 \$</u> <u>1 / 1 \$</u> <u>1 / 1 \$</u> <u>1 / 1 \$</u> <u>1 / 1 \$</u>	<u>\$ 0</u>	<u>\$ 745.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <u>Joyce Krull</u> <u>52924 Burgess Dr.</u> <u>Chesterfield Twp, MI 48047</u>	4. Type: <u>Loan From Indiv.</u> <u>#2</u> 5. Date Debt Was Incurred: <u>07-01-04</u> 6. Original Amount of Debt: <u>\$ 650.00</u>	<u>10 / 15 / 04 \$ 650.00</u> <u>1 / 1 \$</u> <u>1 / 1 \$</u> <u>1 / 1 \$</u> <u>1 / 1 \$</u>	<u>\$ 650.00</u>	<u>0</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: <u>Tanya Kotwica</u> <u>3632 Alderdale</u> <u>Sterling Heights, MI 48310</u>	4. Type: <u>Loan From Indiv.</u> 5. Date Debt Was Incurred: <u>07-09-04</u> 6. Original Amount of Debt: <u>\$ 733.30</u>	<u>10 / 14 / 04 \$ 733.30</u> <u>1 / 1 \$</u> <u>1 / 1 \$</u> <u>1 / 1 \$</u> <u>1 / 1 \$</u>	<u>733.30</u>	<u>0</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

Grand Total of all Schedules 1E  
(Complete on last page of Schedule showing amounts owed by or to the committee)

745.00  
745.00

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Page 1 of 1



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 00136774 50  
2. Committee Name CITIZENS TO ELECT STEPHEN M. KRULL

**- USE A SEPARATE SHEET FOR EACH EVENT -**

3. Date Event Was Held <u>09</u> <u>30</u> <u>04</u> Month Day Year	4. Number of Individuals Attending or Participating (whichever is greater) <u>94</u>	5. Type of Fund Raising Activity <u>BUFFET STYLE DINNER</u>	6. Address and Name (If any) of the place where the activity was held <u>CHESTERFIELD LIQUOR CLUB</u> <u>SAID 1 BEAT 101 - CHESTERFIELD</u> <u>48051</u> <input type="checkbox"/> Private Residence
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7. Total Contributions 1960.00

8. Other Receipts —

9. Gross Receipts (Add lines 7 and 8) 1960.00

10. Total Cost of Event 1323.08

(Total Cost includes In-Kind Contributions  
and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)

Contribution Split  
(%)

Expenditure Split  
(%)

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- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.